Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT
KRAFT & KENNEDY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

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11 JAN 10 PM 3:50

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000005025

1. Corporation Name
Kraft & Kennedy, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
360 Lexington Avenue	360 Lexington Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10017 Country: USA	Zip: 10017 Country: USA

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/2009

5. FEI Number: 13-3496949 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above-stated corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 1/10/11

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Peter D. Kennedy	360 Lexington Avenue	New York, NY 10017
D/P	Michael S. Kraft	360 Lexington Avenue	New York, NY 10017
S	Keith Kallen	360 Lexington Avenue	New York, NY 10017
	REINSTATEMENT		S. HAWKES
	2010-11		JAN 10 2011
			EXAMINER

10. E-mail Address: kallen@kraftkennedy.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Keith Kallen, Secretary 1/29/10 212-692-5675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLDS - 06/01/2010 CT Systems Online